AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: MIXC []CLEC []ILEC []Wireless 200.26

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| | lmerican m-l | CERTIFICATED COM | PANY INFORMATION | | |
| Ĉ | ompany Name | ınications Systems | s, Inc. | | |
| D | ba/fka | | 330-649 | | |
| 1 | 07 W Michigan 4th | חו | Telephone | # | |
| M | lailing Address | F I | | | |
| K | alamazoo MI 49007 | | | | |
| 1 | ty, State, Zip Code | | | | |
| 4. Bu | 450 Belden Villag usiness Location | e St NW Ste 602 | | | |
| Cē | anton OH 44718 | | | | |
| | y, State, Zip Code | | Stark On the | | |
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| | | REGISTERED AGE | NT INFORMATION | | |
| Re | gistered Agent: <u>B_Allsto</u> | on Moore Jr | | | |
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| iviai | iling Address: 5 Exchang | ge St | | | |
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| <u> </u> | , State, Zip Code: Charl | eston SC 29401 | | | |
| | Pursuant to the Commissi | on's rules and regulations, p | rint or type company con | itact for the following | 0.000 |
| Α. | Myra Stidd | | | tact for the following | areas: |
| | General Manager (Include | address if different than above.) | | | _ |
| | 330-649-9265 | 1.330 640 0075 | | | |
| | Telephone Number | / 330-649-9275 Facsimile Number | / myra@ats-firs | tcall.com | |
| 3. | λησοίο Β' '' | a dominio redirido | E-mail Address | | |
| ٥, | Angela Dominik | lainte D | | | |
| | 220 C40 005= | laints Representative (Include a | ddress if different than above | .) | |
| | 330-649-9265 Telephone Number | / 330-649-9275 Facsimile Number | / customerservi | ce@ats-firstc | all com |
| | | Facsimile Number | E-mail Address | | <u> </u> |
| 1. | Angela Dominik | | | | |
| | Customer Relations/Comple | aints Representative for Escalate | ed Complaints (Include a | ddress if different than at | 1010 |
| | <u>330-649-9265</u> | /330-649-9275 | customerservic | 'e@ats-firsts | |
| | Telephone Number | Facsimile Number | E-mail Address | Ceats-IIIstC. | all.com |
| 2. | 800-961-4245 | | | | |
| | Customer Contact (Toll Free | Number) | | 1/3 | |
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| | Engineering Operations (Include address if different than above.) | | | | |
| | | 1 | o., | WAR | Siller . |
| | Telephone Number | Facsimile Number | E-mail Address | | 2011 |
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| Emergencies (During non-office hours) Telephone Number Facsimile Number E-mail Address addition_please provide the following company contact information to assist in proper routing of correspondence and invoices: Bill Stathakaros Regulatory Officer (include address different than above.) 330-649-9265 / 330-649-9275 / bill@ats-firstcall.com Facsimile Number E-mail Address Dual Party Mailings (Name) Mailing Address Interim LEC Fund Mailings (Name) Mailing Address Interim LEC Fund Mailings (Name) Mailing Address Interim LEC Fund Mailings (Name) 107 W Michigan 4th FI, Kalamazoo MI 49007 Mailing Address 269-381-8888 / 269-381-4855 /contact@nationwideregulatorycompliance Telephone Number Facsimile Number E-mail Address Telephone Number Facsimile Number E-mail Address 269-318-888 / 269-381-4855 /contact@nationwideregulatorycompliance Telephone Number Facsimile Number E-mail Address 269-318-8888 / 269-381-4855 /contact@nationwideregulatorycompliance Telephone Number Facsimile Number E-mail Address 269-318-8888 / 269-381-4855 /contact@nationwideregulatorycompliance Telephone Number Facsimile Number E-mail Address Lifeline Mailings (Name) Lifeline Mailings (Name) Mailing Address / Contact@nationwideregulatorycompliance Telephone Number Facsimile Number E-mail Address Lifeline Mailings (Name) Mailing Address / Contact@nationwideregulatorycompliance E-mail Address Styaeture | ۲. | Emergencies (During no | n-office hours) | | | | | |
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| Addition, please provide the following company contact information to assist in proper routing of correspondence and invoices: Bill Stathakaros Regulatory Officer (Include address if different than above.) 330 - 649 - 9265 | | gonoica (Duning no | n-onice nours) | | | | | |
| Addition, please provide the following company contact information to assist in proper routing of correspondence and invoices: Bill Stathakaros Regulatory Officer (Include address if different than above.) 330 - 649 - 9265 | | Telephone Number | / | | | | | |
| Regulatory Officer (Include address if different than above.) 330 - 649 - 9265 | | | | | | | | |
| Regulatory Officer (Include address if different than above.) 330 - 649 - 9265 | n ad | <u>dition, please provide the foll</u> | Owing company contact infor | mation to poolst in | | | | |
| Regulatory Officer (Include address if different than above.) 330 - 649 - 9265 |) . | Bill Charles | | | | | | |
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| Columbia, South Carolina 29211 1401 Main Street, Suite 900 Columbia, South Carolina 29211 Columbia, South Carolina 20214 | ۲ | KETUKN COMPLETED FORM | TO: | * < <i>U11</i> | | | | |
| Columbia, South Carolina 29211 1401 Main Street, Suite 900 Columbia, South Carolina 29211 Columbia, South Carolina 20214 | | Public Service Com | mission of SC | Office of Populators Otats | | | | |
| Columbia, South Carolina 29211 1401 Main Street, Suite 900 Columbia, South Carolina 29211 Columbia, South Carolina 20214 | | Clerk's Office | | Attn: Jeanne Gordon | | | | |
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